



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5077

<b>SERIAL NUMBER</b> 08/715,834	<b>FILING OR 371(c) DATE</b> 09/19/1996 <b>RULE</b> 1.47	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 127444
------------------------------------	--	---------------------	-------------------------------	--

**APPLICANTS**

ANDRE M. KALEND, MONROEVILLE, PA;  
 JOEL GREENBERGER, SEWICKLEY, PA;  
 KARUN B. SHIMOGA, PITTSBURGH, PA;  
 CHARALAMBOS N. ATHANASSIOU, PITTSBURGH, PA;  
 TAKEO KANADE, PITTSBURGH, PA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 11/25/1996

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

24341

**TITLE**

APPARATUS RESPONSIVE TO MOVEMENT OF A PATIENT DURING TREATMENT/DIAGNOSIS

<b>FILING FEE RECEIVED</b> 437	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit